## VII. Certification by Company Official

- A. This report must be signed by:
  - 1. A responsible corporate officer, if the user is a corporation. A corporate officer shall be a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or the manager of one or more manufacturing, production or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  - 2. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship.
  - 3. A duly authorized representative of the individual if:
    - a. the authorization is made in writing by the individual described in #1 or #2 above:
    - b. the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of plant manager or equivalent position having overall responsibility for environmental matters for the company, and that
    - c. the written authorization is submitted to the City of Tempe Environmental Services Division.
- B. If an authorization under paragraph 1, 2, or 3 is no longer accurate, a new authorization satisfying the above must be submitted to the City prior to or together with any signed reports.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name:	Signature:		
Title	Phone:		

### CITY OF TEMPE ENVIRONMENTAL DIVISION

# **Total Toxic Organic Verification Form**

	····						
Name of Fa	acility:						
Address of	Facility:						
0							
Contact Pe	rson:						
Contact Titl	Out of Title						
Contact Titl	ontact Title: Contact Phone:						
L							
Please chec	k the appropriate lin	e below:					
	No toxic organic compounds as listed in Appendix A are used or stored at this facility.						
	I elect to have this facility monitored for Total Toxic Organics (TTOs). I understand the potential exists that this facility could be required to assume all or part of the cost of sampling and laboratory fees for the implementation of this program. TTO monitoring shall be done on an annual basis.						
	This facility elects to submit a Solvent Management Plan in lieu of the required TTO monitoring. I understand that this Plan must be recertified every six months in our Periodic Compliance Report.						
Г		Date					
-		Date					
		Signature of Responsible Company Official					
		Printed Name of Above Official					
_							
		Title of Above Official					
Please subn	nit this report to:						
. 10000 00011	•	ity of Tempe					
Environmental Division							
		O. Box 5002					
	T	empe, AZ 85280					

Or by Fax to: (480) 350-2615

#### **CITY OF TEMPE ENVIRONMENTAL DIVISION**

#### **Total Toxic Organic Inventory Form**

Please submit one form page for each product you use or store at your facility containing a toxic organic compound from Appendix A.

1.	Name of Product:					
2.	Appendix A Constituent(s):					
3.	Indicate Usage of Product:					
	degreasing		coolant		metal etch	
	paint stripping		catalyst		metal prep	
	biocide		flux		fuel	
	other (describe)					
4.	Indicate Procedure(s) for Sp	pent S	Solvents:			
	,					
	solvent recycled on-site		chemical	extraction	used as fuel	
	still		physical e	extraction		
	other (describe)					
	Solvent Shipped Off-site					
	Recycler (name of company)					
	Waste Disposal (name of company)					
				<u> </u>		
	Solvent Lost or Destroyed	Solvent Lost or Destroyed				
			<del> </del>	1		
	evaporation		incinerated		destroyed in usage	
	oxidized to non-toxic (describe method)					
	other (describe)					
5.	Describe Procedures for Assuring Toxic Organics Do Not Enter Sewer Systems:					

Evidence for Parts 4 and 5 will be asked to be presented during the City's inspection of your facility.

# CITY OF TEMPE ENVIRONMENTAL DIVISION <u>Total Toxic Organic Certification</u>

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for Total Toxic Organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last Periodic Compliance Report (Semiannual Report). I further certify that this facility is implementing the Solvent Management Plan as described in our Plan.

Name of Facility	
Date	
Signature of Responsible Company Official	
Printed Name of Above Official	
Title of Above Official	

Please attach this to your report or submit separately to:

City of Tempe

**Environmental Division** 

P.O. Box 5002

Tempe, Arizona 85280

Or by Fax to: (480) 350-2615